

TRANSFER AGREEMENT

1. PROGRAM: _____

3. COUNTY: _____

2. STATE: _____

4. CONTRACT NO.: _____

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR 631(GPCP); 7 CFR 632 (RAMP); 7 CFR 634 (RWCP); 7 CFR 636 (WHIP); 7 CFR 702 (CRSCP); 7 CFR 752 (WBP); 7 CFR 631 and 702 (IEQIP). The information will be used to notify a program participant of the indication of a contract or agreement violation. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m, and 31 USC 372, may be applicable to the information provided

5 a. PRESENT PARTICIPANT NAME AND ADDRESS: 5 b. NEW PARTICIPANT NAME AND ADDRESS:

The undersigned hereby certify that the present participant has transferred to the new participant the following right and interest in the land unit described in the above-numbered contract

By this transfer, it is agreed:

1. The new participant agrees to be bound by all the terms and conditions of the above numbered contract.
2. The new participant agrees that this right to cost shares or other assistance under the above-numbered contract shall be the same as the rights of the present participant.
3. The Natural Resources Conservation Service agrees to provide cost sharing and other assistance necessary to the new and present participants under the above-numbered contract. Cost sharing and assistance provided under this transfer agreement shall be in accordance with applicable program rules and regulations.

6 a. Signature of Present Participant: _____

6 b. Date: _____

6 c. Social Security No. or Tax ID No. if applicable: _____

7 a. Signature of New Participant: _____

7 b. Date: _____

7 c. Social Security No. or Tax ID No. if applicable: _____

8. APPROVED BY:

8 a. Signature Contracting Officer: _____

8 b. Date: _____

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This valid OMB number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average .69 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

NONDISCRIMINATION STATEMENT

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